

Flexible Spending Account FY2022 Online Enrollment

Health Care Spending Accounts (HCSA) Dependent Care Assistance Program (DCAP)

We wish to remind participants that you must re-enroll **online** for these plans *each year!*

Open Enrollment: April 7, 2021 - May 5, 2021

New Users:

If you are currently enrolled in FY2021, and *you have never logged in before*, please follow all steps outlined below

Existing Users:

If you are currently enrolled in FY2021, *and* you have previously created an account and logged in, please skip to the "How to Begin Enrollment" section below.

How to Login:

Open your browser (e.g. Google Chrome) and log into our website: benstrat.navigatorsuite.com/.

IMPORTANT:

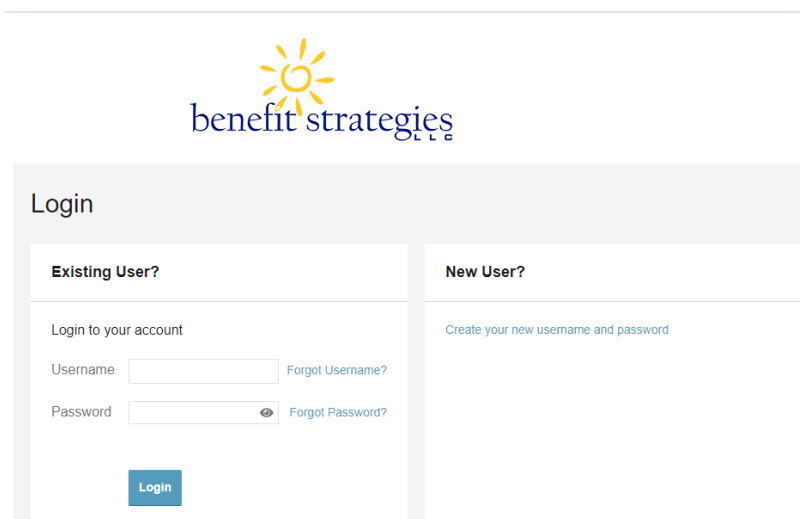
Current Enrollees in the FY2021 FSA Program: Please use the enrollment process outlined below.

New Enrollees to the GIC's FY2022 FSA Program: Please complete the FSA enrollment e-form available at www.benstrat.com/gic-fsa

Log in to your online account

If you are currently enrolled and have logged in before, please enter your username and password and then click the Login button.

If you are currently enrolled and have not logged in before click "create your username and password" link.



benefit strategies

Login

Existing User?	New User?
Login to your account	Create your new username and password
Username <input type="text"/> Forgot Username?	
Password <input type="password"/> Forgot Password?	
<input type="button" value="Login"/>	

STEP 1 (New Users Only): Enter your **First Name, Last Name, Zip Code and SSN or Employee ID (EEID).**

User Identification (Step 1 of 3)

Complete the information below to verify your identity. *Required

First Name*

Last Name*

Zip Code*

SSN or Employee ID* - -
-- OR --

Next

STEP 2 (New Users Only): Select and enter your **Security Questions.**

Security Questions (Step 2 of 3)

Please enter an answer to any 3 security questions to complete your user setup. To keep your information secure, you will be asked to answer 3 of these questions to complete sensitive actions within the portal such as resetting a forgotten password. *Required

View All

Select a question... View

Select a question... View

Select a question... View

Next

STEP 3 (New Users Only): Choose your **Username and Password**

- Username must contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (_), and dash (-).
- Your password must have a minimum of 6 characters, contain both upper and lower case letters, and contain at least one number.

Change Username and Password (Step 3 of 3)

Please change your login information. *Required

Username*
Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (_), and dash (-).

New Password*
The password must: • Have a minimum of 6 characters • Contain both upper and lower case letters • Contain at least one number • Not be one of your last 3 passwords

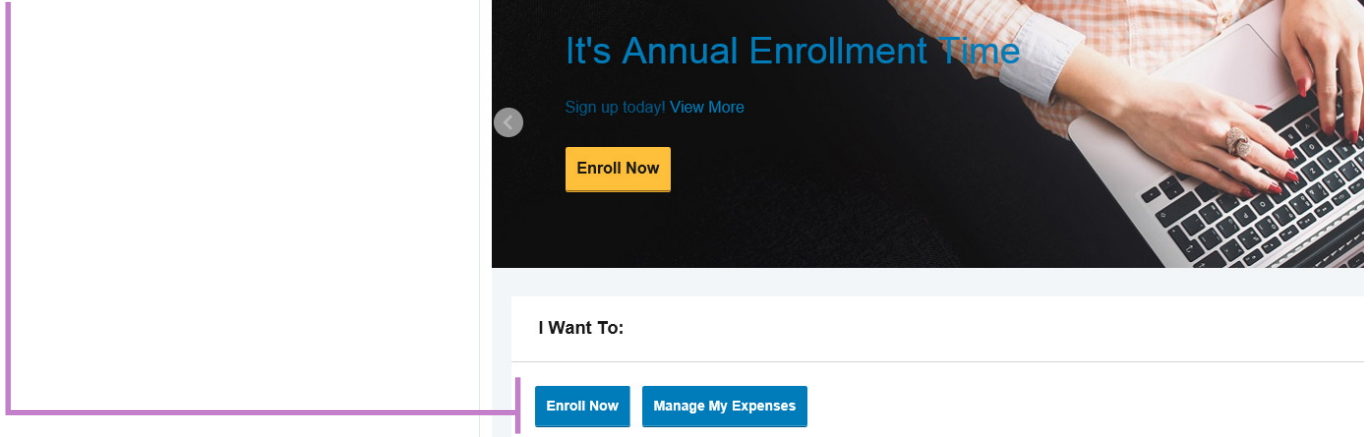
Confirm Password*

Submit

TIP! Be sure to take note of your username and password, and keep in a secure place, as you'll need this to access your FY2021 account when logging in.

How to Begin Enrollment

Click **Enroll Now**.



Click **Begin Your Enrollment Now**



Enrolling in Benefits

You will be guided step-by-step through the enrollment process, so just follow along, enter the required information and click on "Continue" after each screen.

How to Begin Enrollment

STEP 1: Verify/update your personal information.

Profile

steps: 1 2 3 4 5 6

* = required field

First Name: Taylor
Middle Initial:
Last Name: Kalmes
Social Security Number: xxx-xx-2333
Consumer Communication ID: 987654

Home Address:
Country: * United States
Address Line 1: * 123 ABC Street
Address Line 2:
City: * Manchester
State: * New Hampshire
Zip Code: * 03101

Mailing Address: Same as Home Address
Home Phone: * (888) 401-3539
Birth Date: * (mm/dd/yyyy) 2/28/1992
Gender: Female
Marital Status: * Married Single
Email Address: tkalmes@benstrat.com

By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

Do you have any dependents? Yes No

Continue

STEP 2: Add and/or verify Dependents to the system.

*This is required if you have tax dependents under the age of 26 for COBRA purposes

- Review any dependents already listed on your account
- Enter your dependent's information and click **Add to List** to add this dependent. Repeat this step for each eligible dependent you would like to add.

Dependents

steps: 1 2 3 4 5 6

* = required field

First Name: * Harper
Middle Initial:
Last Name: * Kalmes
Social Security Number: * 000000000
Birth Date: * (mm/dd/yyyy) 04/15/2018
Gender: Female
Full Time Student: * Yes No
Relationship: [Dependent](#)

Eligible Dependents		
Name	SSN	Relationship
Patrick Kalmes	xxx-xx-4897	Spouse Update Remove

Continue

STEP 3: Review Plan Rules

- The GIC has listed important plan rules you should be aware of before you enroll. Read these rules carefully.
- Check **I have read and understand the rules** for each plan

Plan Rules

steps: 1 2 3 4 5 6

It is important to be aware of some of the basic rules of these accounts before you enroll. Make sure you keep these in mind when you are making your elections. We also encourage you to review the FY2020 Participant Handbook for more detailed rules regarding these Pre-tax Accounts.

2021 HCSA

- I cannot change my election during the Plan Year *unless* I have a qualifying change in family status.
- I must make my elections carefully and conservatively. Expenses paid under the HCSA cannot be reimbursed from any other source and I will not seek reimbursement from any other source.
- Expenses must be incurred during the Plan Year or the Grace Period. The Grace Period is a 2.5 month period following the end of the Plan Year during which I may continue to incur expenses for the prior plan year. (September 15)

I have read and understand the [2021 HCSA rules](#)

2021 DCAP

- I cannot change my election during the Plan Year *unless* I have a qualifying change in family status.
- I must make my elections carefully and conservatively. Expenses paid under the DCAP cannot be reimbursed from any other source and I will not seek reimbursement from any other source.
- Expenses must be incurred during the Plan Year or the Grace Period. The Grace Period is a 2.5 month period following the end of the Plan Year during which I may continue to incur expenses for the prior plan year. (September 15)

I have read and understand the [2021 DCAP rules](#)

Continue

STEP 4: Make Plan Elections

- Enter your annual election for each plan in which you want to enroll within the "Max Employee Election" as indicated to the right of the box

***Please Note:** HCSA minimum election is \$250

Elections

steps: 1 2 3 4 5 6

Enter your actual elections in the field provided. To calculate the total elections, tax savings, and estimated per pay period deduction select the calculate button. If you choose to not enroll in a plan leave the field blank.

PLEASE NOTE -DCAP funds are to be used to pay for the care of your tax dependent who is:

1. Under the age of 13
2. Age 13 or older if physically or mentally incapable of self-care and residing in your home at least half the year

	Your Election	Max Employee Election
2021 HCSA ?	<input type="text" value="2750"/>	\$2,750.00
2021 DCAP ?	<input type="text" value="5000"/>	\$5,000.00
Total election for the year:		\$7,750.00
Total tax savings for the year [*] :		\$2,325.00
Estimated per pay period deduction:		\$310.00

* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.

Continue

STEP 5: Select the payment method for reimbursement

- If you want to continue use of your current card or order a **new card** you must select FlexExpress Debit card and an **alternate reimbursement method**.
- If you select Direct Deposit, you must complete the direct deposit set up.
- Direct deposit encouraged (paper checks require a \$25 minimum).


Payment Method

steps: 1 2 3 4 5 6

Select the method in which you would like to be reimbursed.

FlexExpress Debit Card

Pay for your qualified expenses directly out of your plan account with the Debit Card. Substantiation may be required after purchase. *An annual fee may be assessed to your account for this option.



If you choose to be reimbursed using the Debit Card, please answer the questions below.

1) What alternate reimbursement method would you like to use for the reimbursement of claims that are filed online?

Check
 Direct Deposit

Continue

STEP 6: Review your enrollment

- Make sure you click submit to complete enrollment
- You will receive an additional notification confirming your elections and more important information prior to the plan year starting
 - Please note: If you elected DCAP and did not enter your dependents' information, you will still be enrolled in the DCAP plan and have deductions taken regardless of the enrollment confirmation displaying "not eligible"

Enrollment Verification

steps: 1 2 3 4 5 6

You must click submit at the bottom of this page to complete your enrollment.

Profile [Edit Information](#)

Name: Taylor Kalmes
 Social Security Number: xxx-xx-2333
 Home Address: 123 ABC Street
 Manchester, NH 03101
 United States
 Mailing Address: 123 ABC Street
 Manchester, NH 03101
 United States
 Home Phone: (888) 401-3539
 Birth Date: 2/28/1992
 Gender: Female
 Marital Status: Married
 Email Address: tkalmes@benstrat.com
 Do you have any dependents? Yes

Dependents [Edit Information](#)

Full Name	SSN	Birth Date	Gender	Full Time Student	Relationship
Patrick Kalmes	xxx-xx-4897	4/19/1990	Male	No	Spouse
Harper Kalmes	xxx-xx-0000	4/15/2018	Female	No	Dependent

Enrollment Elections [Edit Information](#)

	Employee Contribution	Company Contribution
2021 HCSA	\$2,750.00	
2021 DCAP		\$5,000.00
Total Election for the year:		\$7,750.00
Estimated per pay period reduction : *		\$310.00

* Begins on the first pay date of the Plan Year.

Method of Reimbursement [Edit Information](#)

You have chosen **FlexExpress Debit Card** as your method of payment.
 Your alternate reimbursement method is Direct Deposit.
 Separate debit cards will be issued to the following dependents:
 No dependent debit cards issued

Submit
Cancel

STEP 7: Print Enrollment Confirmation

- Keep all enrollment information for your personal records

Enrollment Confirmation

Congratulations! You have successfully completed your enrollment in the FY2021 FSA Plan Year, starting July 1, 2020. Benefit Strategies will be providing your enrollment information to your agency coordinator.

Please print this page for your records.

Plan	Company Contribution	Employee Contribution	Estimated Per Paycheck Reduction
2021 HCSA		\$2,750.00	\$110.00
2021 DCAP		\$5,000.00	\$200.00
Total Estimated Reductions Per Paycheck :*		\$310.00	

* Pay check reductions are based on your election and the number of scheduled pay periods within the plan year. True reductions will be determined by your employer.

You have elected Debit Card as your reimbursement option. Your alternate reimbursement method is Check.

The payroll deduction to fund your spending accounts will begin on 7/7/2020 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 7/1/2020. All claims must be filed for expenses incurred while you are a participant, within the plan year 7/1/2020 - 6/30/2021

You will receive a confirmation email with instructions on how to file a claim, check your account balance, and obtain additional information about your pre-tax benefit plans. You can also view this information now by downloading the [Next Steps](#) document.

Print

Print